

RAMAPO NY 04353		DOMESTIC INCIDENT REPORT (PRINT UPPER CASE)		06-35503		Page 1 of 1	
Date of Report 08, 11, 06	Date of Incident 08, 11, 06	Time of Occurrence 2041	Address of Occurrence 14 MADISON HILL RD AIRMONT NY 10901		File No. 11/06/2008	Sector 02	Beat -
Compl./Victim's Last Name, First, M.I. CURLEY, JAMES			Address 14 MADISON HILL RD AIRMONT NY 10901			Sex M	
Date of Birth 01, 24, 64	Age 3, 8	Home Telephone 300-241	Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	Ethnic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown			
Suspect/Other Party Last Name, First, M.I. CURLEY, LINDA			Address 14 MADISON HILL RD AIRMONT NY 10901			Sex F	
Date of Birth 01, 23, 68	Age 3, 8	Home Telephone 270-9765	Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	Ethnic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown			
Suspect Relationship to the Complainant/Victim WIFE/HUSBAND		Suspect Present? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Offense/Incident Involved: <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Viol <input checked="" type="checkbox"/> Other		Description (Offenses) DISPUTE		
Order of Protection? Violated? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Issuing Court FAMILY	OP Registry Checked <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Expir. Date -	Complaint Report Prepared? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Compl. No. -	Report Received <input type="checkbox"/> Walk-In <input checked="" type="checkbox"/> Radio Run	
Suspect Used/Threatened Weapons? Type: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Victim Injured? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Aided No. -	Removed to Hospital? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Photos Taken? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Arrest Made? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Non Arrest Reason <input checked="" type="checkbox"/> No Offense Committed <input type="checkbox"/> Not at Scene <input type="checkbox"/> Warrant Requested <input type="checkbox"/> Other		If Arrest Made, Did Perp. Resist? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Charge(s) (List All) NONE					Arrest No. -		
Family/Household Members Present? If YES, Last Name, First <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO JAMES CURLEY COURTNEY CURLEY			Date of Birth 09, 06, 05	Relationship SON NANCY			
Domestic Incident Report Receipt Issued? If NO, Reason: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AWAITING SUPERVISOR APPROVAL			DV Notice Issued to Victim <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Date 08, 11, 06		
Suspect's Actions: <input type="checkbox"/> Biting <input type="checkbox"/> Choking <input type="checkbox"/> Destroying Property <input type="checkbox"/> Forceful Restraint <input type="checkbox"/> Grabbing <input type="checkbox"/> Hair Pulling <input type="checkbox"/> Homicide <input type="checkbox"/> Injury to Child <input type="checkbox"/> Kicking <input type="checkbox"/> Putting Phones From Wall <input type="checkbox"/> Punching <input type="checkbox"/> Pushing <input type="checkbox"/> Pushing/Slamming Into Walls <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Slapping <input type="checkbox"/> Threats With Weapon(s) <input type="checkbox"/> Throwing Items <input type="checkbox"/> Using Weapon(s) <input type="checkbox"/> Verbal Abuse <input checked="" type="checkbox"/> Other: DOMESTIC DISAGREEMENT							
Narrative of the Incident: (include results of investigation and basis for action taken)							
At approx 8:50pm my wife Linda came home and demanded the children she then asked me she is taking the children and would not tell me where they were going. I then called 911 when she made accusations telling me that she told the P.D. about my family members in illegal activities. She also told me that my sister in law was using my son for accusations I made against her wife the bank. I informed her that I was contacting O.E.D. about her calling in her own prescriptions without being a patient at P. Goldberg or Dr. Hussain.							
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law.			Victim's Signature 		Date 08, 11, 06		
Other involved Agency(s)							
Is There Reasonable Cause to Suspect A Child May Be The Victim of Abuse, Neglect or Maltreatment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			Any Guns In the House? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Any Guns Seized? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
If Yes, Reporting Officer Must Contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.			Household Member Have a Pistol Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Permit Seized? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
REFERRALS: <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Licensing Bureau <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Other Outside Agency			Name of Person Notified: Date: Time: Notified By:				
Reporting Officer's Signature (Include Rank) 			Officer I.D. No. 455		Date 08, 11, 06		
Supervisor's Signature (Include Rank) 			Date 08, 11, 06		Page 01		

On 08/11/06 at about 2043HRS. I Responded to 14 Madison Hill Rd. re/ a custody dispute. I arrived on the scene with PO Smith and PO Dale. Upon arrival we spoke with James Curley who was home with his child, James Jr. James Curley stated that he and his wife Linda both have custody of their two children, son James and daughter Courtney. James Curley stated that while he was bathing James Jr., Linda took Courtney and left the house. He said that he did not know where Linda Curley was going. He said that he was concerned because Linda seemed to be upset.

James Curley stated that Linda Curley did not violate the Order of Protection that he has against her.

I advised James Curley that I could have an officer attempt to contact Linda Curley only to make sure that she and Courtney were alright. I advised James Curley that if we made contact with Linda we could not compel her to return home with Courtney. I further advised James Curley that if we did locate Linda Curley, we would not divulge her location to him. We would only make sure that she and Courtney were alright.

James Curley showed me the Order of Protection that he has against Linda Curley. He again stated that Linda Curley did not violate it.

Upon completion, PO Smith, PO Dale and I cleared from the scene.

At about 2115HRS. I called Capt. Brower (Staff Duty Officer) via telephone from Ramapo Police Headquarters. I advised him of this incident.

10. Inquiries (Check all that apply)

☐ DMV ☐ Want /Warrant ☐ Scofflaw
☐ Crim. History ☐ Stolen Property ☐ Other

11. NYSPIN Message No.

12.

12. Reporting Officer Signature (Include Rank)

Sgt. Brian Corbett

14. ID No.

324

15. Supervisor's Signature (Include Rank)

16. ID No.

82.

1

Page

5

of Pages

17 Case Status

☐ Open
☐ Vict. Refused to Coop.
☐ CBI ☐ Juv.-No Custody

☐ Closed (If closed, check box below)

☐ Arrest
☐ Offender Dead

☐ Pros. Declined ☐ Warrant Advised
☐ Extrad. Declin ☐ Unknown


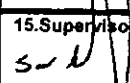
☐ Unfounded

19. Status Date

8/11/06

19. Notified/TOT

RESPONDED TO #14 MADISON HILL DR. IN REFERENCE TO THE ABOVE INCIDENT; I STOOD BY THE SCENE WHILE PAPERWORK WAS BEING COMPLETED. JAMES CURLEY STATED IN MY PRESENCE THAT THERE WERE NO VIOLATIONS THAT OCCURRED DURING THE INCIDENT. NOTHING FURTHER.

10. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other			11. NYSPIN Message No.		12.		82. Page 1 of Pages
12. Reporting Officer Signature (Include Rank) 			14. ID No. 431		15. Supervisor's Signature (Include Rank) 		
17. Case Status <input type="checkbox"/> Open <input type="checkbox"/> Closed (If closed, check box below) <input type="checkbox"/> Unfounded <input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> CBI <input type="checkbox"/> Juv.-No Custody <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown			19. Status Date		19. Notified/TOT		


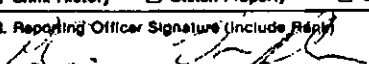
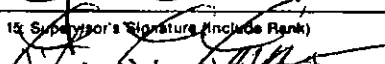

RESPONDED TO #14 MADISON HILL DR. IN REFERENCE TO THE ABOVE INCIDENT; I WAS CLEARED FROM THE SCENE BY SGT. CORBETT UPON ARRIVAL. NOTHING FURTHER.

10. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Crim. History <input checked="" type="checkbox"/> Warrant <input checked="" type="checkbox"/> Stolen Property <input type="checkbox"/> Scofflaw <input type="checkbox"/> Other		11. NYSPI Message No.		12.		82.	
12. Reporting Officer Signature (include Rank)		14. ID No. 448		15. Supervisor's Signature (include Rank) SA 11		16. ID No. 308	
17 Case Status <input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> CBI <input type="checkbox"/> Juv.-No Custody		<input type="checkbox"/> Open <input type="checkbox"/> Closed (if closed, check box below) <input type="checkbox"/> Arrest <input type="checkbox"/> Offender Dead		<input type="checkbox"/> Unfounded <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown		19. Status Date 06/11/06	
						19. Notified/TOT	

Date of Report 8.14.06		Time of Report 10:00		Date of Occur 8.14.06		Time of Occur 0752		Address of Occurrence 14 Madison Hill Rd Suffern NY 10981		Apt. No. 50		Sector 2		Beat -	
Compl. Victim's Last Name, First, M.I. Curley, Linda, J								Address Same As Above				Sex F			
Date of Birth 7.23.1968		Age 38		Home Telephone 845-368-8611		Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk		Ethnic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown				+			
Suspect/Other Party Last Name, First, M.I. Curley, James								Address Same As Above				Sex M			
Date of Birth 4.26.1961		Age 45		Home Telephone 845-368-8611		Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk		Ethnic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown							
Suspect Relationship to the Complainant/Victim Husband				Suspect Present? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Offense/Incident Involved: <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Viol <input type="checkbox"/> Other				Description (Offenses) Verbal Dispute					
Order of Protection? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Violated? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Issuing Court Family Court		OP Registry Checked <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Expir. Date 10.14.06		Complaint Report Prepared? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Compl. No. -		Report Received <input type="checkbox"/> Walk-In <input checked="" type="checkbox"/> Radio Run	
Suspect Used/Threatened Weapons? Type: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				Victim Injured? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Describe		Aided No.		Removed to Hospital? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		What Hospital?			
Photos Taken? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Arrest Made? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Non Arrest Reason <input checked="" type="checkbox"/> No Offense Committed <input type="checkbox"/> Not at Scene <input type="checkbox"/> Warrant Requested <input checked="" type="checkbox"/> Other		If Arrest Made, Did Perp. Resist? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
Charge(s) (List All) None								Arrest No. -							
Family/Household Members Present? If YES, Last Name, First <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Courtney Lynn Curley James Curley								Date of Birth 4/7/02 8.2.05		Relationship Daughter son					
Domestic Incident Report Receipt Issued? If NO, Reason: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Pending Supervisor's Approval								DV Notice Issued to Victim <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Date 8.14.2006					
Suspect's Actions: <input type="checkbox"/> Biting <input type="checkbox"/> Choking <input type="checkbox"/> Destroying Property <input type="checkbox"/> Forceful Restraint <input type="checkbox"/> Grabbing <input type="checkbox"/> Hair Pulling <input type="checkbox"/> Homicide <input type="checkbox"/> Injury to Child <input type="checkbox"/> Kicking <input type="checkbox"/> Pulling Phones From Wall <input type="checkbox"/> Punching <input type="checkbox"/> Pushing <input type="checkbox"/> Pushing/Slamming Into Walls <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Slapping <input type="checkbox"/> Threats With Weapon(s) <input type="checkbox"/> Throwing Items <input type="checkbox"/> Using Weapon(s) <input type="checkbox"/> Verbal Abuse <input checked="" type="checkbox"/> Other: Following and acquiring															
Narrative of the Incident: (include results of investigation and basis for action taken) SEE SUPP															
Victim's Statement of Allegations: Jimmy started arguing about who's dropping/picking the kids up from daycare, changing his mind about it. Then he started following me around with a tape recorder saying harassing things about me working, my employers, then my family. His behavior was odd and I felt threatened, called 911 + went outside to wait with my children.															
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law.												Victim's Signature Linda Curley		Date 8.14.06	
Other Involved Agency(s)															
Is There Reasonable Cause to Suspect A Child May Be The Victim of Abuse, Neglect or Maltreatment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								Any Guns In the House? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Household Member Have a Pistol Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Permit No. _____ Issuing County _____							
If Yes, Reporting Officer Must Contact the NYS Child Abuse Hotline Registry # 1-800-835-1522.															
REFERRALS: <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Licensing Bureau <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Other Outside Agency								Name of Person Notified: Date: _____ Time: _____ Notified By: _____							
Reporting Officer's Signature (Include Rank) PO. [Signature]								Officer I.D. No. 466		Date 8.14.06		1 Page 3 Pages			
Supervisor's Signature (Include Rank) [Signature]								Date 8.14.06							

9. Narrative

At approx 8AM I walked downstairs and was helping my daughter Courtney get her walking out of her car. My wife came downstairs and stated I read what you wrote, Dr. Hussain and myself will get you and kill you I said nothing and went to get the phone. My wife had left phone (House) and called and said I was harassing her. I did not say anything to my wife, but asked who was taking and picking up from daycare. She was dropping off and said she was working late again.

ADMINISTRATIVE	10. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other		11. NYSPIN Message No.	12. 	13. Reporting Officer Signature (Include Date) 	14. ID No. 466	15. Supervisor's Signature (Include Rank) 	16. ID No. 323	17. Case Status <input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> CBI <input type="checkbox"/> Juv. - No Custody	<input type="checkbox"/> Open <input type="checkbox"/> Closed (If Closed, check box below) <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> Arrest-Juv. <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin. <input type="checkbox"/> Unknown	18. Status Date 8 Mo 1/27/07	19. Notified/TOT	20. 	

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- 10
- 11
- 12
- 13

Total

22

Page 1 of 1

Pages

A

Use cover sheet

5. Date

8/14/06

Case 7:08-cv-00016-UNA Document 1-1 Filed 08/20/08 Page 1 of 1

752

Document
7. Complainant Name

Curley, Linda



08

Domestic

On the above date and time I was dispatched to the above location in reference to a husband and wife domestic. Upon arrival I observed Mrs. Linda Curley standing at the end of her driveway with her two children, and Mr. James Curley standing at the front of the residence. I spoke with Mrs. Curley who stated that her husband James had started arguing about who was going to be taking the kids to and from daycare. She said he kept changing his mind about what he wanted to do. Then he started to follow her around the house with a tape recorder saying harassing things about her working, her employer and then her family. She further stated that he was acting odd and that she felt threatened, so she called the police and waited outside with the kids until I arrived.

I spoke with Mr. Curley who reports that while he was getting his daughter ready for daycare, his wife approached him and stated "I read what you wrote; Dr. Hussain and I will get you and kill you". Mr. Curley showed me some legal papers that he had left out, in preparation for court. I observed a number of papers that were on the floor of what appeared to be one of the children's bed rooms. He said that his wife had read some of the notes he had made in reference to her brother. He said that her brother had molested his own daughter and that's what some notations his wife read were about. He said that both he and his wife were due in court this morning at 0930 hours. He further said that he did not say anything to his wife other than the conversations they had in reference to who was going to be dropping off and picking up the kids. He said that she was dropping off and she said that she was working late again.

I spoke with both parties in reference to signing charges; they both did not wish to sign any charges at this time. They both wanted to make separate statements, Mr. Curley's statement was written on a supplemental report form and attached to the domestic form.

10. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other			11. NYSPIN Message No.		12.		82. ?		
12. Reporting Officer Signature (Include Rank) 			14. ID No. 466		15. Supervisor's Signature (Include Rank) 		16. ID No. 323		
17. Case Status <input type="checkbox"/> Open <input type="checkbox"/> Closed (If closed, check box below) <input type="checkbox"/> Unfounded <input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> CB1 <input type="checkbox"/> Juv.-No Custody <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown						19. Status Date 8/14/06		19. Notified/TOT	
18. Case Number 100-10101						19. Date 8/14/06		82. Page 3 of Pages	

8. Domestic Disturbance

Both parties stated they called the police to report this incident. I confirmed this through dispatch. Mrs. Curley phoned and shortly after Mr. Curley phoned.

DCJS-3208 (1/92)

Town of Ramapo
237 Route 59 Suffern, NY 10901
phone: (845) 357-5100
fax: (845) 357-8513

TOWN OF RAMAPO
POLICE DEPARTMENT

2006 NOV 16 P 12:46

APPLICATION FOR PUBLIC ACCESS TO TOWN RECORDS

Records Access Officer: Christian G. Sampson, Town Clerk
TOWN RECORDS ARE OPEN FOR INSPECTION MONDAY - FRIDAY 9AM TO 5PM.

I HEREBY APPLY TO INSPECT THE FOLLOWING TOWN RECORD(S):

All reports made by Linda Curley to Ramapo Police Dept.
from July to present. Some dates included 8/9/06 8/14/06 8/24/06 + 11/23/06 + more

James Curley
(PRINT) Name of Person

James Curley
Signature

14 Madison Hill Rd
Address

845-553-0760
Daytime Phone

Suffern N.Y. 10901
City/State/Zip

11/16/06
Date of Request

TOWN OF RAMAPO
TOWN CLERK'S OFFICE
2006 NOV 16 PM 2:33

Date Called _____ Comments _____

THERE IS A CHARGE OF \$.25 PER COPIED PAGE allowed by law.

FOR TOWN USE ONLY

() Request Approved () No Charge for Record () Charge

() Request Denied for the Reason(s) Below:

- () Confidential Disclosure Certification Fee: (
- () Part of Investigatory Files Photocopy Fee: (
- () Unwarranted Invasion of Personal Privacy
- () Record Not Located Total to be paid: (
- () Record Not Maintained by this Agency
- () Would impair contract awards/collective bargaining agreements
- () Trade secret, confidential commercial information
- () Law enforcement records
- () Exempted by Statute other than the Freedom of Information Act
- () Other (Specify) _____

Signature of Town Rep. _____

Title _____

Date _____

NOTICE: Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Ramapo, 237 Route 59, Suffern, NY 10901.

I HEREBY APPEAL:

Signature : _____ Date: _____

PTA 11-17-2006

000160

TOWN OF RAMAPO PD NY 04353		DOMESTIC INCIDENT REPORT (PRINT UPPER CASE)		06-36202 2/AR	
Date of Report 08, 15, 06	Case No. 1826	Date of Report 08, 14, 06	File of Occurrence 2100	Address 14 Madison Hill Rd, Suffern NY 10901	Page 11 of 15
Compl./Victim's Last Name, First, M.I. Curley, Linda, J.			Address ABOVE		Sex F
Date of Birth 07, 23, 68	Age 38	Home Telephone 368-8641	Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	Ethnic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
Suspect/Other Party Last Name, First, M.I. Curley, James, P.			Address ABOVE		Sex M
Date of Birth 4, 26, 64	Age 42	Home Telephone 368-8641	Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	Ethnic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
Suspect Relationship to the Complainant/Victim HUSBAND		Suspect Present? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Offense/Incident Involved: <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Viol <input checked="" type="checkbox"/> Other		Description (Offenses) Domestic Incident
Order of Protection? Violated? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Issuing Court R.C. Family Court	OP Registry Checked <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Explr. Date 10, 19, 06	Complaint Report Prepared? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Compl. No. —
Suspect Used/Threatened Weapons? Type: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Victim Injured? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe —		Aided No. —
Photos Taken? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Arrest Made? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Non Arrest Reason <input checked="" type="checkbox"/> No Offense Committed <input type="checkbox"/> Not at Scene <input type="checkbox"/> Warrant Requested <input type="checkbox"/> Other		If Arrest Made, Did Perp. Resist? <input type="checkbox"/> YES <input type="checkbox"/> NO
Charge(s) (List All) NO CHARGES				Arrest No. —	
Family/Household Members Present? If YES, Last Name, First <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Date of Birth 8/2/05	Relationship SON	
Curley, James, T. Curley, Courtney			4, 07, 02	daughter	
Domestic Incident Report Receipt Issued? If NO, Reason: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Pending Supervisor's Review			DV Notice Issued to Victim <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date 08, 15, 06	
Suspect's Actions: <input type="checkbox"/> Biting <input type="checkbox"/> Choking <input type="checkbox"/> Destroying Property <input type="checkbox"/> Forcible Restraint <input type="checkbox"/> Grabbing <input type="checkbox"/> Hair Pulling <input type="checkbox"/> Homicide <input type="checkbox"/> Injury to Child <input type="checkbox"/> Kicking <input type="checkbox"/> Pulling Phones From Wall <input type="checkbox"/> Punching <input type="checkbox"/> Pushing <input type="checkbox"/> Pushing/Slamming Into Walls <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Slapping <input type="checkbox"/> Threats With Weapon(s) <input type="checkbox"/> Throwing Items <input type="checkbox"/> Using Weapon(s) <input type="checkbox"/> Verbal Abuse <input checked="" type="checkbox"/> Other: Yelling, Physical contact w/hands (see narrative & deposition)					
Narrative of the Incident: (include results of investigation and basis for action taken) - See Supplemental Report -					
Victim's Statement of Allegations: Last night aprox. 9pm Jim told me my interior car light was on after I was locked in the bedroom/bathroom for the night. I went out + saw it was a truck ran back into the house and he was in the bedroom + when I went into the bathroom he tried to push me out. I said my stuff is in there + he yelled "Then get it out, Linda." My daughter witnessed this and was very upset. I did not call 911 due to the last response.					
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law.			Victim's Signature Linda Curley		Date 8, 15, 06
Other involved Agency(s)					
Is There Reasonable Cause to Suspect A Child May Be The Victim of Abuse. Neglect or Maltreatment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Any Guns In The House? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
If Yes, Reporting Officer Must Contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.			Any Guns Seized? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
REFERRALS: <input checked="" type="checkbox"/> Child Protective Services <input type="checkbox"/> Licensing Bureau <input type="checkbox"/> Adult Protective Services			Household Member Have a Pistol Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Other Outside Agency			Permit No. _____ Issuing County _____		
Reporting Officer's Signature (Include Rank) P.O. M. Sammaure			Name of Person Notified:		
Supervisor's Signature (Include Rank) #323			Date: _____ Time: _____ Notified By: _____		
Officer I.D. No. 442			Date 08, 15, 06		
Date 08, 15, 06			Page 1 of 2		

Town of Ramapo Police Department		New York State SUPPLEMENTAL REPORT		Incident 06-36202	Arrest
Report Date 08/15/2006	Report time 18:26	Complainant Linda J. Curley		Incident type Domestic	

Narrative:

Above date and time, Linda Curley was in station lobby reporting a past domestic incident. Linda reports that last night at approximately 2100 hours she and her husband James had a verbal argument. Linda stated that she has locks on her bedroom and bathroom doors, and James tricked her so she would leave the bedroom. Linda stated that when she tried to get into the bathroom, James put his hands on her waist and pushed her away from him. Linda stated that she was not hurt and she didn't think that he was trying to hurt her, but she wanted a report because the incident upset her daughter Courtney. Linda stated that in the past, Courtney has witnessed James physically and verbally fight with Linda and this has made Courtney very anxious around James. Linda played an audio tape of the incident which I placed into evidence at the station. On the tape, I heard a female say that her stuff is in there, then I heard a male yell "then get it out", then I heard a child hysterically crying. Linda stated that the female voice was her, the male was her husband James, and the child is her daughter Courtney.

Linda gave a written deposition of the incident which is attached with this report. I advised Linda not to stay in the house if she felt unsafe. Linda advised me that she was in family court this week and the case had been adjourned until October. I advised Linda to go to Family Court tomorrow and request a stay away order of protection. Lt. Lampert was present during some of my conversations with Linda Curley. Lt. Lampert witnessed the deposition and advised me that she notified Lt. Gravina of the incident.

I spoke to James via telephone. James stated that there was an argument last night about who was staying in the bedroom. James stated that they had been alternating who got to stay in the larger room. James stated that Linda told him that her stuff was in the room, and he told her to get it out. James stated that his daughter Courtney became very upset and began to cry. James stated that at that point, both he and Linda stopped arguing so they could tend to Courtney to calm her down. James stated that at no time did he physically touch Linda. James further stated that he was in the bathroom and Linda came into the bathroom to get into the bedroom. James stated that Linda walked past him to the bedroom, and that it was more of a territorial argument over who got to stay in the master bedroom.

Both Linda and James stated that Courtney was very upset by the argument. Last week, I took a report from Linda that indicated there had been fighting in front of Courtney and that the child was anxious because of the arguing. Due to ongoing fighting and the audio tape of the child's reaction to witnessing the incident, I contacted CPS. I spoke to CPS worker Constance Weitzel, who took the case information and assigned it call #23781015. I completed a CPS report (form LDSS-22210A) and placed it in an addressed envelope in the outgoing mail bin (copy in file). I spoke to the on call C.P.S. worker, Sondra Hill and advised her of the incident.

P.O. M. Sammaune
Reporting Officer Signature

442
Officer ID

[Signature]
Supervisor's Signature

323
Supv ID

Deposition of Witness Before Warrant

Serial # 06-36202

STATE OF NEW YORK

COUNTY OF Rockland

Village of Airmont

Linda Curley, of the Village of Airmont,

N.Y., age 38 years, occupation, Nurse,

being produced before me, M. Sammarone, a Police Officer

of the Town of Ramapo, in said County of

Rockland as a witness on the accusatory

instrument of _____, of the _____

of _____, N.Y., duly filed, being by me

duly sworn, deposes and says: Last night at aprox. 9pm Jim

told me my interior car light was on after I was locked in the bedroom/bathroom. I went out and saw it was a trick, ran back into the house and he was in the bedroom + when I went into the bathroom he put both hands around my waist, pushing me backward and then with his right hand he tried to close the door on me. I said my stuff is in there and he yelled "Then get it out, Linda".

NOTE: False statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

Sworn to before me this 15th day of August, 2006

L. Sammarone #323
(Signature)

Police
(Title)

000163 p+1/41

VOLUNTARY STATEMENT

(NOT UNDER ARREST)

I, Linda Curley, am not under arrest for, nor am I being detained for any criminal offenses concerning the events I am about to make known to P.O. Sammarone #442. Without being accused of or questioned about any criminal offenses regarding the facts I am about to state, I volunteer the following information of my own free will, for whatever purposes it may serve.

I am 38 years of age, and I live at 14 Madison Hill Rd, Suffern, N.Y. 10901.

My daughter witnessed this and immediately started crying and was very upset. I did not call 911 due to the last response. He lied and told the police I threatened to kill him, so they said it was even.

Tonight at 5pm he followed me to the daycare and at 8pm he took my daughter from my sister in law Mary Curley, who was watching her for me at Suffern H.S. at a baseball game. He yelled at Mary to "stay away from my kids." The witnesses include a Suffern police officer.

I need protection from this man and my children need protection and I am not getting it from anyone. He is going to kill me and then it will be too late to intervene.

NOTE: False statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

I have read each page of this statement consisting of 3 page(s), each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct.

Dated at Albany, N.Y., this 15th day of August, 2006.

WITNESS: P.O. Sammarone #442

WITNESS: P.O. Sammarone #442

Signature of person giving voluntary statement.

000164

P#2/132

VOLUNTARY STATEMENT

(NOT UNDER ARREST)

I, Linda Curley, am not under arrest for, nor am I being detained for any criminal offenses concerning the events I am about to make known to P.O. M. Sammarone #442. Without being accused of or questioned about any criminal offenses regarding the facts I am about to state, I volunteer the following information of my own free will, for whatever purposes it may serve.

I am 38 years of age, and I live at 14 Madison Hill Rd, Suffern NY 10901

I was not injured during these events.

I was afraid that Jim would become out of control. When my daughter started crying - all of my attention turned to consoling her.

He was in the bedroom when I entered the bathroom. Then he entered the bathroom and pushed me towards the hallway / bathroom door.

NOTE: False statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

I have read each page of this statement consisting of 3 page(s), each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct.

Dated at Armonk, N.Y., this 15th day of August, 2006.

WITNESS: [Signature]

WITNESS: P.O. M. Sammarone #442

Linda Curley
Signature of person giving voluntary statement.

000165 #3/13

SUBJECTS OF REPORT									
List all children in household, adults responsible and alleged subjects.									
Line #	Last Name	First Name	Aliases	Sex (M, F, Unk)	Birthday or Age Mo/Day/Yr	Ethnic Code	Relation Code	Role	Lang.
1.	Curley,	Linda J.		F	7/23/68	W	WIFE	mother	Engl.
2.	Curley,	James, P.		M	4/26/64	W	HUSB.	Father	Engl.
3.	Curley,	Courtney		F	4/7/02	W	Daughter		English
4.	Curley,	James, T.		M	8/2/05	W	SON	-	ENGL.
5.									
6.									
7.									

☐ MORE

List Addresses and Telephone Numbers (Using Line Numbers From Above)			Home #	Telephone No.
1-4	14 Madison Hill Rd., Suffern	NY 10901		(845) 368-8641
1.	ABOVE		CELL #	(845)-270-9765
2.	ABOVE		CELL #	(845)-269-0348

BASIS OF SUSPICIONS

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".		
<input type="checkbox"/> DOA/Fatality	<input type="checkbox"/> Child's Drug/Alcohol Use	<input type="checkbox"/> Swelling/Dislocation/Sprains
<input type="checkbox"/> Fractures	<input type="checkbox"/> Poisoning/Noxious Substances	<input type="checkbox"/> Educational Neglect
<input type="checkbox"/> Internal Injuries (i.e. Subdural Hematoma)	<input type="checkbox"/> Choking/Twisting/Shaking	<input type="checkbox"/> Emotional Neglect
<input type="checkbox"/> Lacerations/Bruises/Welts	<input type="checkbox"/> Lack of Medical Care	<input type="checkbox"/> Inadequate Food/Clothing/Shelter
<input type="checkbox"/> Burns/Scalding	<input type="checkbox"/> Malnutrition/Failure to Thrive	<input type="checkbox"/> Lack of Supervision
<input type="checkbox"/> Excessive Corporal Punishment	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Inappropriate Isolation/Restraint(Institutional Abuse Only)	<input type="checkbox"/> Inadequate Guardianship	<input type="checkbox"/> Parent's Drug/Alcohol Misuse
<input type="checkbox"/> Inappropriate Custodial Conduct(Institutional Abuse Only)	<input checked="" type="checkbox"/> Other specify MENTAL	<input type="checkbox"/> Arguing & physical fighting in presence of children

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem. Mother has given depositions alleging Father has fought verbally and physically in front of children, causing 4yr old to become upset. Mother says 4yr old is always on edge and becomes hysterical when parents fight. Mother played audio tape of incident from 8/14/06. (If known, give time/date of alleged incident) MO 08 DAY 14 YR 06

The Mandated Reporter Requests Finding of Investigation ☒ YES ☐ NO That supports her claims.

CONFIDENTIAL		SOURCE(S) OF REPORT		CONFIDENTIAL	
NAME	TELEPHONE () -	NAME	TELEPHONE () -		
ADDRESS		ADDRESS			
AGENCY/INSTITUTION		AGENCY/INSTITUTION			

RELATIONSHIP (✓ = REPORTER, X = SOURCE)

☐ Med. Exam/Coroner ☐ Physician ☐ Hosp. Staff ☒ Law Enforcement ☐ Neighbor ☒ Relative ☐ Instit. Staff

☐ Social Services ☐ Public Health ☐ Mental Health ☐ School Staff ☐ Other Specify)

For Use By Physicians Only	Medical Diagnosis on Child	Signature of Physician who examined/treated child	Telephone No.
	Hospitalization Required: <input type="checkbox"/> None <input type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks	X	() -
Actions Taken Or About To Be Taken	<input type="checkbox"/> Medical Exam <input type="checkbox"/> X-Ray <input type="checkbox"/> Removal/Keeping <input type="checkbox"/> Not. Med Exam/Coroner	<input type="checkbox"/> Photographs <input type="checkbox"/> Hospitalization <input type="checkbox"/> Returning Home <input type="checkbox"/> Notified DA	
Signature of Person Making This Report	Title		Date Submitted Mo. Day Yr.
P.O. M. Sammaune #442	Police OFFICER		08/15/06

Town of Ramapo
237 Route 59 Suffern, NY 10901
phone: (845) 357-5100
fax: (845) 357-8513

TOWN OF RAMAPO
POLICE DEPARTMENT

2006 NOV 16 P 12:46

APPLICATION FOR PUBLIC ACCESS TO TOWN RECORDS

Records Access Officer: Christian G. Sampson, Town Clerk
TOWN RECORDS ARE OPEN FOR INSPECTION MONDAY - FRIDAY 9AM TO 5PM.

I HEREBY APPLY TO INSPECT THE FOLLOWING TOWN RECORD(S):

All reports made by Linda Curley to Ramapo Police Dept.
from July to present. Some dates included 7/9/06 8/14/06 8/24/06 & 11/23/06 + more

James Curley
(PRINT) Name of Person

[Signature]
Signature

14 Madison Hill Rd
Address

845-553-0760
Daytime Phone

Suffern N.Y. 10901
City/State/Zip

11/16/06
Date of Request

2006 NOV 16 PM 12:33
TOWN OF RAMAPO
TOWN CLERK'S OFFICE

Date Called _____ Comments _____

THERE IS A CHARGE OF \$.25 PER COPIED PAGE allowed by law.

FOR TOWN USE ONLY

() Request Approved () No Charge for Record () Charge

() Request Denied for the Reason(s) Below:

- () Confidential Disclosure Certification Fee: (
- () Part of Investigatory Files Photocopy Fee: (
- () Unwarranted Invasion of Personal Privacy
- () Record Not Located Total to be paid: (
- () Record Not Maintained by this Agency
- () Would impair contract awards/collective bargaining agreements
- () Trade secret, confidential commercial information
- () Law enforcement records
- () Exempted by Statute other than the Freedom of Information Act
- () Other (Specify) _____

Signature of Town Rep.

Title

Date

NOTICE: Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Ramapo, 237 Route 59, Suffern, NY 10901.

I HEREBY APPEAL:

Signature : _____ Date: _____

CTA 11-17-2006

CASE NO. DATE SUBMITTED OFFICER SHIELD RECORD #

SECTION 2: NATURE OF SUBMISSION:

PROPERTY IS: ☐ RECOVERED ☒ EVIDENCE ☐ OTHER: _____

USED IN CRIME? ☐ YES ☒ NO FELONY? ☐ YES ☒ NO

SECTION 3: PROPERTY DESCRIPTION

TAG #: _____ P CODE: 16 INV CODE: 12 SER #: _____

OWNER APPLIED #: _____ BRAND: _____ TYPE: _____

MODEL: _____ MISC DESC: Audio TAPE OF Argument

BIKE CODE: _____ CASE #: 2006-00036202 *****

SECTION 4: RADIOSHACK MICROCASSETTE *****

LOC/BIN: RTPD/ 45

Quantity: _____ Date Received: 08/29/2006 *****

LOCATION C *****



Case 7:08-cr-00404-SCR Document 17-7 Filed 11/06/2008 Page 19 of 50

11 10 06 09:30 14 Paradise Ave. 10901

How can we safely contact you? (e.g. Name, Phone) OFFICER-INITIATED Radio Run Walk-In

Name (Last, First, M.I.) (include aliases) Curley, Linda Phone 368-3581 DOB 7 27 68 Age 38 Male Female

Street & City Same as Above APT # Zip 10901 If non-English, language: Spanish Chinese Other:

Injured? No Yes Removed to Hospital? No Yes If yes, what hospital? White Black Asian Hispanic Non-Hispanic Unknown

Describe: Notes (e.g. special needs, disability, requests):

Name (Last, First, M.I.) (include aliases) Curley, James Phone 368-8641 DOB 7 26 64 Age 42 Male Female

Street & City Same as Above APT # Zip 10901 If non-English, language: Spanish Chinese Other:

Injured? No Yes Removed to Hospital? No Yes If yes, what hospital? White Black Asian Hispanic Non-Hispanic Unknown

Describe: Prior DV History? Yes No Prior DV police report? Yes No Victim fearful? Yes No Access to weapons? Yes No Suspect: Drug/Alc History? Yes No Suspect: Hx suicide threat? Yes No Suspect: Probation/Parole? Yes No

SUSPECT/P2 present? No LIVING SITUATION Do parties currently live together? Yes No IF NO, have they lived together in the past? Yes No Do the parties have a child-in-common? Yes No RELATIONSHIP: (SUSPECT / P2 to VICTIM / P1) Married Formerly Married Intimate Partner/Dating Former Intimate/Dating Child of victim/party 1 Parent of victim/party 1 Relative: Other:

1. Name (Street / APT / City, if needed) Curley, Courtney Phone 368-8641 DOB 4 7 02 Relationship to victim / P1 Daughter

2. Curley, James Phone 368-8641 DOB 8 2 05 Son

3.

(Check all that apply) Biting Impaired Alcohol/Drugs Pushing Threw Items Threats: (specify) Threat with weapon Destroyed Property Injury to Child Sexual Assault Unwanted Contact Injury to Other Persons Injury to Pet/Animal Shooting Slapping Verbal Abuse Weapons used: (specify) Forced Entry Interference with Phone Slapping Body Custody Conditions Blunt Object Gun Motor Vehicle Sharp Instrument Hair Pulling Intimidation/Coercion Stabbing OTHER Suspect Actions: Possible CP Violation Destroy/Take Property Other: N/A Homicide Kicking Strangulation/"Choking" Suicide or Attempt

Arrest Made? Yes No Reasons arrest not made on-scene: No Offense Committed No Probable Cause Suspect Off-Scene Warrant/Criminal Summons to be requested Violation level: not in police presence (no citizen's arrest) Other:

Offenses Law (e.g. PL) Section (Sub) Offenses Involved: (check all that apply) Felony None at this time Misdemeanor Violation Other (Specify) time

1. Criminal Contempt 2nd deg. PL 215.50(3) Registry Checked? Yes No OP Court Name: FAMILY Order of Protection? Yes No Family Criminal Supreme Stay Away Order? Yes No Out of State Tribal Order Violated? Yes No Any PRIOR orders? Yes No Expiration Date Month Day Year

Photos Taken? Yes No IF YES, photos taken of: Victim Injuries Suspect Injuries Other evidence collected? Yes No IF YES, describe: Scene Damaged Property Other:

Results of investigation and basis of action taken. (Were excited utterances, spontaneous admissions or spontaneous statements made? Yes No (Complete 710.30 or physical when applicable). Linda Curley stopped by SPD Headquarters to report that her husband, James Curley, violated an order of protection. She stated that he was present in the home (above address) at 09:30 hrs. when she was there. She further stated that they share the house - he lives there from Fridays at 1200 hrs until Mondays at 1700 hrs, while she stays there from Mondays at 1700 hrs until Fridays at 1200 hrs. - and are not supposed to be there when it is the other's turn. Linda clarified by saying that, by James bring at the house at 09:30 hrs. on Friday when it was her turn to be there,

OTHER AGENCIES involved with the parties or incident (e.g. advocates, hospital, probation): Child Protective Services

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? Yes No IF YES, officer must contact the NYS CHILD ABUSE HOTLINE REGISTRY # 1-800-635-1522 Guns in House Guns Seized Has Permit Permit Seized Issuing County: Permit #(s): Prior to today's Incident

CONTACTS INITIATED BY POLICE: Adult Protective Services Child Protective Services (or ACS) Domestic Violence Services Firearms Licensing Mental Health Parole Probation Rape Crisis Other Agency: Date: Who was notified? Notified by (initial):

Officer's Signature (& Rank) (PRINT and SIGN) LD. Month Day Year 1. Was DIR given to the victim at the scene? Yes No 2. Was Victim Rights Notice given to victim? Yes No IF NO, give reason: Pending Supervisor Approval

POLICE COPY (Please make a copy for your DA's office if appropriate) NYS DOMESTIC VIOLENCE HOTLINE ENGLISH 1-800-942-6906 SPANISH 1-800-942-6968 3221-605 DCJS Copyright © 2005 by NYS DCJS

Page 2 of the NYS Domestic Incident Report:
STATEMENT OF ALLEGATIONS / SUPPORTING DEPOSITION

Suspect Name (Last, First, M.I.)

Curley, James

Linda Curley (victim/deponent name), state that on 11/10/06, (date) at Hill Road
O, (nombre de victima/deponente), declaro que en tal fecha en

ocation of incident), in the County/City/Town/Village of of the state of New York, the following did occur:
onde el incidente ocurrio), el condado/ciudad/aldea/pueblo de del estado de Nueva York, lo siguiente ocurrio:

This morning aprox. 9:30am I was leaving my home with my two children Courtney and James to go to New City. Courtney had a 10:30 appt with the Social Worker Ann Gross which was ordered by the Law Guardian Chn's Witholm. To my surprise two CPS caseworkers were at my front door, Demetrius Travis and Rachel Elewitz. I had no knowledge that they were coming or that my estranged husband would be coming to the home. I invited the caseworkers in and met Mrs. Elewitz for the first time. I explained that I had another appt. and was told that neither I nor the children needed to be there. When I left with the children and returned after the appt. w/ Ann Gross, my estranged husband's truck was there still after 11am and the caseworkers were gone. I called the home and left a message on the answering machine asking Jimmy to leave, so I could finish getting my things packed and told him it was 11:27am. There was no response. I didn't call the police and didn't enter the home.

(Use additional pages as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.
eclaraciones falsas hechas aqui son castigables como una clase de delito menor, de acuerdo con la seccion 210.45 de la ley penal.

Victim/Deponent Signature
Firma de victima/deponente

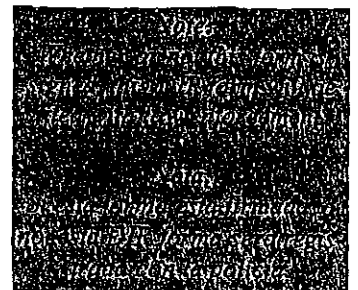
11/10/06
Date
Fecha

Interpreter

Date

Witness of Officer

Date



000170

Page 20

48

5 Date 11/10/06 6 Time of Report 14:49 7 Complainant Name Curley, Linda 8 Domestic

9. Narrative

Just to clarify my statement:

After the caseworkers arrived, my estranged husband James Curley arrived and I was present when he was in the home.

Linda Curley
4/10/06

ADMINISTRATIVE	10. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Went/Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other		11. NYSPIN Message No.	12. <i>Linda Curley</i>	12. 3
	13. Reporting Officer Signature (Include Rank) <i>[Signature]</i>		14. ID No. 463	15. Supervisor's Signature (Include Rank) <i>[Signature]</i>	Page of 3
	17. Case Status <input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> CBI <input type="checkbox"/> Juv. - No Custody <input type="checkbox"/> Arrest-Juv. <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin. <input type="checkbox"/> Unknown		18. Status Date Mo Day Yr	19. Notified/TOT	Pages
					A Use cover sheet

1. Agency Town of Ramapo Police	2. Division/Precinct 2004-SCR	3. Incident No. 11-06-00295	4. Arrest No.
5. Date 11/12/06	6. Time of Report 1055	7. Complainant Name Curley, Linda	8. Domestic

James Curley called me back to provide me with his account of incident from the other day. He stated that he was at the house when Linda Curley was there --he stated that this was at approximately 1000 hrs.-- and that he was accompanied by two CPS case workers. He went on to say that Linda left the premises without meeting with him or the case workers because she had another meeting scheduled during the morning. James Curley went on to say that he then left the residence, and stopped over to #11 Madison Hill Rd to have a cup of coffee with the neighbor there until his custody exchange time at 1200 hrs. He added that he has been served with the most up-to-date order of protection advising that he is not supposed to be in the house when Linda is there. He advised that it is his understanding that he is just not supposed to be there alone with her, and is allowed to be in the house with her if there are CPS case workers ~~were~~ there. James Curley also added that Linda was in the house twice --once in September and once in early October-- when she wasn't supposed to be. He stated that he would look into the matter, and call me back with the exact dates and further information.

10. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other	11. NYSPIN Message No. 463	12.	82. 1 Page 1 of Pages
12. Reporting Officer Signature (Include Rank) PO J. Quinn / <i>[Signature]</i>	14. ID No. 463	15. Supervisor's Signature (Include Rank) <i>[Signature]</i>	16. ID No. 376
17. Case Status <input type="checkbox"/> Open <input type="checkbox"/> Closed (If closed, check box below) <input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> CBI <input type="checkbox"/> Juv.-No Custody <input type="checkbox"/> Offender Dead <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown	19. Status Date	19. Notified/TOT	

5. Date 11/16/06	6. Time of Report 1605	7. Complainant Name Curley, Linda	8. Domestic
---------------------	---------------------------	--------------------------------------	-------------

Today, I called and spoke with Rachel Elewitz, a CPS case worker, regarding the incident on 11/10/06. She stated that Demetrius Travis, a fellow CPS case worker, had contacted Linda Curley several times in an attempt to schedule a meeting, but was unsuccessful. Elewitz stated that Linda Curley never returned Travis' calls. Elewitz went on to say that Travis had also contacted James Curley, and that James Curley had returned his call and scheduled a meeting for 10:00 hrs. at 14 Madison Hill Road. Elewitz stated that she would be accompanying Travis to the meeting and that this would be her first time meeting either James or Linda Curley. She went on to say that Travis had been trying to arrange a meeting with either James or Linda Curley, and it turned out that only James returned his call. She stated that she did not know that Linda Curley would be at 14 Madison Hill Road.

Elewitz stated that she arrived at 14 Madison Hill Road at approximately 10:00 hrs., and waited in the driveway for a minute until Travis arrived. She stated that as they approached the house, Linda Curley came out from the garage --Elewitz stated that the garage bay door was already open-- with her two children at her side, and met them in the driveway. Elewitz stated that Linda Curley advised her that she was on her way out for another appointment, and that is why she was walking out of the garage. Elewitz stated that at this time, they all went inside the house. Elewitz stated that they had been inside the house for a few minutes explaining who they were and why they were there when James Curley arrived at the house. Elewitz advised that they were all present in the house for approximately 10-15 minutes, and that the atmosphere was cordial. Elewitz added that Linda Curley appeared "perturbed" that she and Travis were at the house unannounced because she (Linda Curley) had another appointment that she had to be at. Elewitz stated that Linda Curley left for her appointment after they all met for those 10-15 minutes, and that she (Elewitz), Travis, and James Curley remained in the house for a little while longer. Elewitz stated that Travis left a few minutes after Linda Curley because he had other appointments in the field; she advised that she stayed with James Curley in the house until 11:00 hrs. conducting an interview and touring the residence. She stated that she left at 11:00 hrs., but was unsure whether Curley remained or left.

I contacted Travis, but he was unavailable. I left a voice mail requesting a call back.

At 18:45 hrs., I contacted Linda Curley advising that a criminal information charging James Curley with Criminal Contempt 2nd Degree [Penal Law 215.50(3)] had been prepared. She advised that she would stop by RPD Headquarters to sign said criminal information. At approximately 19:30 hrs., Linda Curley arrived and signed said criminal information.

10. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other		11. NYSPIN Message No.	12.	82. 1 Page 1 of Pages
12. Reporting Officer Signature (Include Rank) PO J. Quinn / <i>[Signature]</i>		14. ID No. 463	15. Supervisor's Signature (Include Rank) <i>[Signature]</i>	16. ID No. 326
17. Case Status <input type="checkbox"/> Open <input type="checkbox"/> Closed (If closed, check box below) <input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> CBI <input type="checkbox"/> Juv.-No Custody <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown		18. Status Date		19. Notified/TOT

Town of Ramapo Police Department		New York State SUPPLEMENTAL REPORT		Incident 06-50255	Arrest
Report Date 11/16/2006	Report time 18:45	Complainant Curley, Linda		Incident type Crim Contempt 2	

Narrative:

At appx. 1830 hrs, date, I called Mr. David Goldstein Esq., the attorney for James Curley 04/24/64. I informed him that charges for PL 215.50(3) were prepared and signed against his client. Mr. Goldstein and I agreed to a follow up phone conversation on 11/17/06 to arrange for the arraignment of the defendant.


Reporting Officer Signature

326

Officer ID

Supervisor's Signature

Supv ID

Page ____ of ____

000175 53

At a Term of the Family Court
of the State of New York held
in and for the County of Rockland
on October 26, 2006

PRESENT:

HON: WILLIAM P. WARREN

06-50255

**ORDER
(SHORT FORM)**

IN THE MATTER OF

LINDA CURLEY

PETITIONER

DOCKET NO: O-02187-06/06B

JAMES CURLEY

FAMILY UNIT NO: 23006

RESPONDENT

This matter having been brought before the Court on the date of entry hercof, and
After examination and inquiry into the facts and circumstances of the case it is

ORDERED that James Curley shall not contact the children, Courtney Curley and
James Curley's daycare provider directly. If he needs information from the provider
he is to go through the Court.

ENTER


HON. WILLIAM P. WARREN

Dated: October 27, 2006
km

Pursuant to section 1113 of the Family Court Act, an appeal must be taken within thirty (30) days of receipt of the order by
appellant in court, thirty-five(35) days from the mailing of the order to the appellant by the clerk of the court, or thirty (30)
days after service by a party or law guardian upon the appellant, whichever is earliest.

OG 50255

F.C.A. 430, 550, 655, 828, & 1029
ORI NO. NY043023J

At a term of the Family Court
of the State of New York,
County of Rockland at
1S. Main Street - Ste. 300
New City, New York on
October 26, 2006

P R E S E N T: HON. WILLIAM F. WARREN

In the Matter of a Proceeding under
Article 10 of the Family Court Act

COURTNEY CURLEY (DOB: 4/7/2002),
JAMES CURLEY (DOB: 8/2/2005),

A Child Under (18) Eighteen Years of Age
Alleged to be Neglected By:

**MODIFIED
TEMPORARY
ORDER OF PROTECTION**

DOCKET # NN-02775-06
NN-02776-06
FAMILY UNIT # 23006

JAMES CURLEY

RESPONDENT

NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY SUBJECT YOU TO MANDATORY ARREST AND CRIMINAL PROSECUTION, WHICH MAY RESULT IN YOUR INCARCERATION FOR UP TO FOUR YEARS FOR CONTEMPT, AND/OR MAY SUBJECT YOU TO FAMILY COURT PROSECUTION AND INCARCERATION FOR UP TO SIX MONTHS FOR CONTEMPT OF COURT.

A petition under Article 10 of the Family Court Act, sworn to on September 6, 2006, having been filed in this court in the above entitled proceeding, and good cause having been shown,

Now, therefore, it is hereby ordered that James Curley observe the following conditions of behavior:


[99] OTHER: James Curley shall drop off the children on Mondays at 5:00 PM at the Suffern Police Station. Linda Curley shall pick up the children on Mondays at 5:00 PM at the Suffern Police Station and remain in the home on Monday, Tuesday, Wednesday and Thursday evenings;

08-50255

Linda Curley not to be present in the home when James Curley is home;
James Curley not to be present in the home when Linda Curley is home;

Phone contact for each parent one (1) time a day at 9:00 PM when not with the children;

It is further ordered that this temporary order of protection shall remain in effect until further order of the Court.


HON. WILLIAM P. WARREN
JUDGE OF THE FAMILY COURT

DATED: October 27, 2006
km

Check if applicable:

☐ Service executed DATE: TIME:

☐ Party against whom order was issued received copy in court

The Family Court Act provides that presentation of a copy of this order of protection to any police officer or peace officer acting pursuant to his or her special duties shall authorize, and in some situations may require, such officer to arrest a person who has violated its terms and to bring him or her before the court to face whatever penalties may be imposed therefore.

Federal Law provides that this order must be honored and enforced by state and tribal courts, including courts of a state, the District of Columbia, a commonwealth, territory or possession of the United States, if it is established that the person against whom the order is sought has or will be afforded reasonable notice and opportunity to be heard in accordance with state law sufficient to protect the person's rights (18 U.S.C. 2265).

Pursuant to section 1113 of the Family Court Act, an appeal must be taken within thirty (30) days of receipt of the order by appellant in court, thirty-five (35) days from the mailing of the order to the appellant by the clerk of the court, or thirty (30) days after service by a party or law guardian upon the appellant, whichever is earliest.

PLEASE TAKE NOTE
The within is a true copy of the
order entered in the office of
the Clerk of the Family Court of
the State of New York in the
County of ROCKLAND.
10/27/06
Cheryl M. [Signature]
Chief Clerk of the Court

Linda Curley not to be present in the home when James Curley is home;

James Curley not to be present in the home when Linda Curley is home;

Phone contact for each parent one (1) time a day at 9:00 PM when not with the children;

It is further ordered that this temporary order of protection shall remain in effect until further order of the Court.


HON. WILLIAM P. WARREN
JUDGE OF THE FAMILY COURT

DATED: October 27, 2006

km

Check if applicable:

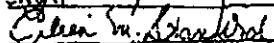
☐ Service executed DATE: TIME:

☐ Party against whom order was issued received copy in court

The Family Court Act provides that presentation of a copy of this order of protection to any police officer or peace officer acting pursuant to his or her special duties shall authorize, and in some situations may require, such officer to arrest a person who has violated its terms and to bring him or her before the court to face whatever penalties may be imposed therefore.

Federal Law provides that this order must be honored and enforced by state and tribal courts, including courts of a state, the District of Columbia, a commonwealth, territory or possession of the United States, if it is established that the person against whom the order is sought has or will be afforded reasonable notice and opportunity to be heard in accordance with state law sufficient to protect the person's rights (18 U.S.C. 2265).

Pursuant to section 1113 of the Family Court Act, an appeal must be taken within thirty (30) days of receipt of the order by appellant in court, thirty-five (35) days from the mailing of the order to the appellant by the clerk of the court, or thirty (30) days after service by a party or law guardian upon the appellant, whichever is earliest.

NOTICE OF ENTRY
PLEASE TAKE NOTICE that
the within is a true copy of the
order entered in the office of
the Clerk of the Family Court of
the State of New York in the
County of ROCKLAND.
DATE 10/27/06
OF ENTRY
By 
Chief Clerk of the Court

P.C.A. 430, 550, 655, 828, & 1029
ORI NO. NY043023J

At a term of the Family Court
of the State of New York,
County of Rockland at
1S. Main Street - Ste. 300
New City, New York on
October 26, 2006

PRESENT: HON. WILLIAM P. WARREN

**MODIFIED
TEMPORARY
ORDER OF PROTECTION**

In the Matter of a Proceeding under
Article 10 of the Family Court Act

COURTNEY CURLEY (DOB: 4/7/2002),
JAMES CURLEY (DOB: 8/2/2005)

A Child Under (18) Eighteen Years of Age
Alleged to be Neglected By:

DOCKET # NN-02773-06
NN-02774-06
FAMILY UNIT # 23006

LINDA CURLEY

RESPONDENT

NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY SUBJECT YOU TO MANDATORY ARREST AND CRIMINAL PROSECUTION, WHICH MAY RESULT IN YOUR INCARCERATION FOR UP TO FOUR YEARS FOR CONTEMPT, AND/OR MAY SUBJECT YOU TO FAMILY COURT PROSECUTION AND INCARCERATION FOR UP TO SIX MONTHS FOR CONTEMPT OF COURT.

A petition under Article 10 of the Family Court Act, sworn to on September 6, 2006, having been filed in this court in the above entitled proceeding, and good cause having been shown.

Now, therefore, upon consent it is hereby ordered that Linda Curley observe the following conditions of behavior:

[99] OTHER: Linda Curley shall drop off the children on Fridays at noon at the Suffern Police Station. James Curley to pick up the children at the Suffern Police Station on Fridays at noon and remain in the home on Friday, Saturday and Sunday evenings;

Justice Court: **Village of Airmont**

County of Rockland

People of the State of New York
- against -

James Curley

of **14 Madison Hill Rd. Suffern, NY 10901**

Defendant

Case #: 06-50255

DOB: 04/24/1964

TYPE: **MISDEMEANOR**

Linda Curley of **14 Madison Hill Rd. Suffern, NY 10901**

being duly sworn, deposes and says as follows:

On **November 10, 2006** at about **09:30** hours, at **14 Madison Hill Rd. Suffern, NY 10901**
in the **Village of Airmont**, County of Rockland, State of New York,
the defendant committed the offense(s) of:

PL215.50(3) Criminal Contempt 2nd Degree

In that the defendant engaged in intentional disobedience to the lawful mandate of a court in other than a labor dispute

The offense was committed under the following circumstances:

Deponent states that she observed the defendant disobey a Family Court Order of Protection by being present at 14 Madison Hill Rd. while she was there. Deponent provided Ramapo Police with a copy of Modified Temporary Order of Protection issued by Family Court (docket# NN-02773-06) dated 10/26/2006. Said Order directs, "James Curley [the defendant] not to be present in the home when Linda Curley [deponent] is home."

False statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law.

Linda Curley
Deponent

11/16/06 7:20pm
Date and Time

Affirmed before me this date: 11/16/06

(Signed)

Sgt. M. Huns 3-5

000181 59

Town of Ramapo
237 Route 59 Suffern, NY 10901
phone: (845) 357-5100
fax: (845) 357-8513

TOWN OF RAMAPO
POLICE DEPARTMENT

APPLICATION FOR PUBLIC ACCESS TO TOWN RECORDS

2006 NOV 16 P 12:46

Records Access Officer: Christian G. Sampson, Town Clerk.
TOWN RECORDS ARE OPEN FOR INSPECTION MONDAY - FRIDAY 9AM TO 5PM.

I HEREBY APPLY TO INSPECT THE FOLLOWING TOWN RECORD(S):

All reports made by Linda Curley to Ramapo Police Dept.
from July to present. Some dates included 8/9/06 8/14/06 8/24/06 & 11/23/06 + more

James Curley
(PRINT) Name of Person

James Curley
Signature

14 Madison Hill Rd
Address

845-553-0760
Daytime Phone

Suffern N.Y. 10901
City/State/Zip

11/16/06
Date of Request

TOWN OF RAMAPO
TOWN CLERK'S OFFICE
2006 NOV 16 PM 12:33

Date Called _____ Comments _____

THERE IS A CHARGE OF \$.25 PER COPIED PAGE allowed by law.

FOR TOWN USE ONLY

() Request Approved () No Charge for Record () Charge

() Request Denied for the Reason(s) Below:

- () Confidential Disclosure Certification Fee: (
- () Part of Investigatory Files Photocopy Fee: (
- () Unwarranted Invasion of Personal Privacy
- () Record Not Located Total to be paid: (
- () Record Not Maintained by this Agency
- () Would impair contract awards/collective bargaining agreements
- () Trade secret, confidential commercial information
- () Law enforcement records
- () Exempted by Statute other than the Freedom of Information Act
- () Other (Specify) _____

Signature of Town Rep. _____

Title _____

Date _____

NOTICE: Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Ramapo, 237 Route 59, Suffern, NY 10901.

I HEREBY APPEAL:

Signature : _____

Date: _____

CTA 11-17-2006

000182 60



Case 7:08-cr-00404-SCR
 Ramsey Police Department
 25 North Central Ave
 Ramsey, New Jersey 07446

Document 17-7 Filed 11/06/2008

CAD# 08-849
 Page 35 of 50

Personal Property Record

Page 1 of 1

Found Property

Finders Name Det. Brian Mott Finders Phone 201-327-2400
 Address Ramsey P.O. City Ramsey State NJ
 Owners Name Ramapo Police Owners Phone 845-357-2400
 Address 237 Rt. 59 City Surfren State NY
 Location Found Police HQ

Safe Keeping of Property

Reason For Safe Keeping

Surrender _____ Ambulance / 262-HELP Call _____ Prisoner _____ Other _____

Owners Name _____ Owners Phone _____

Address _____ City _____ State _____

Confiscated Property

Confiscated by _____ Shield# _____

Reason For Confiscation _____

Owners Name _____ Owners Phone _____

Address _____ City _____ State _____

Item #	Description Of Property	Property Location
1.	Ramapo New York Police Shield #168	HQ.
2.	Ramapo New York Police ID for James C. Gray	
3.	POINT BLANK POLICE ISSUE BULLET VEST	
	See # ^(B) 3810047063 (FRONT PANEL)	

Signature of Officer Det. Brian Mott Shield # 119 Date 1/25/2008

Owner/Agent Det./Sgt. John Lynch Officer Returning Det. Brian Mott Date 1/25/2008

000185

TOWN OF RAMAPO POLICE DEPARTMENT

237 Route 59
Suffern, NY 10901

PROPERTY RECEIPT

CASE NUMBER 06-50255

DATE 2/5/08

TIME 940AM

PROPERTY LISTED:

1- NYS Drivers license # 319-469-651

*Nothing Else
Secured by [signature]*

THE ABOVE LISTED PROPERTY HAS BEEN SECURED BY THE TOWN OF RAMAPO POLICE DEPARTMENT:

PROPERTY RECEIVED FROM:

NAME / SIGNATURE [signature]
OFFICER'S NAME / SIGNATURE Det. [signature]

DATE 2/5/08
SHIELD # DET

**PROPERTY RETURNED TO

James Curley

I HAVE RECEIVED THE PROPERTY IDENTIFIED ABOVE

SIGNATURE [signature]
OFFICER'S SIGNATURE [signature]

DATE 2/5/08 TIME 1205pm
SHIELD # DET DATE 2/5/08

**Provide Copies Of This Receipt To Property Owner
TORPD Form 37 (Rev. 12/97)



United States Attorney
Southern District of New York

United States District Courthouse
300 Quarropas Street
White Plains, New York 10601

July 8, 2008

BY HAND

The Honorable Stephen C. Robinson
United States District Judge
Southern District of New York
300 Quarropas Street
White Plains, NY 10601

Re: United States v. James Curley,
08 Cr. 404 (SCR)

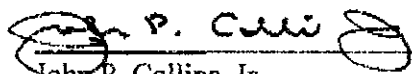
Dear Judge Robinson:

With the consent of defense counsel, the Government respectfully requests that the time from July 8, 2008 through July 24, 2008, the date of the rescheduled conference, be excluded from the speedy trial calendar based on a finding that the ends of justice served by the continuance outweigh the best interests of the public and the defendants in a speedy trial under 18 U.S.C. § 3161(h)(8)(A). The Government is currently responding to discovery requests made by the defendant.

Respectfully submitted,

MICHAEL J. GARCIA
United States Attorney

By:


John P. Collins, Jr.
Assistant United States Attorney
(914) 993-1919

cc: Michael Burke, Esq. (by facsimile)

SO ORDERED:

Hon. Stephen C. Robinson
United States District Judge

000188

**FAX
TRANSMISSION
U.S. ATTORNEY'S OFFICE, S.D.N.Y.
300 QUARROPAS STREET -- 3RD FLOOR
WHITE PLAINS, NEW YORK 10601**



To: Michael Burke, Esq.

Office Phone No.: 845-357-7500

Fax Number: 845-357-7321

No. of pages (including cover sheet): 2

Date: July 8, 2008

"FOR OFFICIAL USE ONLY" U.S. ATTORNEY FACSIMILE COMMUNICATION

The information contained in this facsimile message, and any and all accompanying documents, constitute "FOR OFFICIAL USE ONLY" information. This information is the property of the U.S. Attorney's Office. If you are not the intended recipient of this information, any disclosure, copying, distribution, or the taking of any action in reliance on this information is strictly prohibited. If you received this information in error, please notify us immediately by telephone at the number below and destroy the information.

From: John Collins, Jr.
Assistant U.S. Attorney

Office Phone No.: (914) 993-1919

Fax Numbers: (914) 993-1980; (914) 993-9036

Remarks: _____

000189



United States Attorney
Southern District of New York

United States District Courthouse
300 Quarropas Street
White Plains, New York 10601

July 3, 2008

BY FEDERAL EXPRESS

Michael Burke, Esq.
Burke, Miele & Golden
100 Washington Avenue
P.O. Box 397
Suffern, NY 10901

Re: United States v. James Curley,
08 Cr. 404 (SCR)

Dear Counsel:

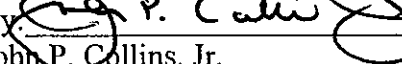
Pursuant to our continuing obligations under Fed. R. Crim. P. 16, I am enclosing:

- (1) July 13, 2006 Ramapo Police Department Reports (5 pages);
- (2) July 20, 2006 Ramapo Police Department Reports (1 page);
- (3) August 24, 2006 Ramapo Police Department Reports (23 pages);
- (4) Marriott Saddle Brook Receipts (2 pages);
- (5) One CD containing three recordings.

If you wish to inspect the originals of any of the documents listed above or the items listed in any of those documents, please let us know and we will make arrangements for you to do so.

Very truly yours,

MICHAEL J. GARCIA
United States Attorney
Southern District of New York

By: 
John P. Collins, Jr.
Assistant United States Attorney
(914) 993-1919

Enclosures

000190

7. Report Day TH	8. Report Time 7/13/06 930	10. Day	11. Date	12. Time	13. Day	14. Date	15. Time	
16. Incident Type Firearm Surrender		17. Business Name n/a			18. Weapon n/a			A
19. Incident Address (Street No., Street Name, Bldg. No. Apt. No.) 14 MADISON HILL RD..				20. City, State, Zip (C T D) SUFFERN, NEW YORK 10901		21. Location Code 0		B
							23. No of Victims	C
							24. No of Suspects	D
								E

PR	CURLEY, JAMES	4/26/84	14 MADISON HILL RD SUFFERN, NEW YORK 10901			368-8641	B	F	
						553-0760	H		
							B	G	
							H		
							B	H	
							H		
							B	I	
							H		
27. Date of Birth		28. Age	29. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk	30. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	31. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk <input type="checkbox"/> Non-Hispanic	32. Handicap <input type="checkbox"/> Yes <input type="checkbox"/> No	33. Residence Status <input type="checkbox"/> Temp Res For Nat <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Oth <input type="checkbox"/> Commuter <input type="checkbox"/> Military <input type="checkbox"/> Homeless <input type="checkbox"/> Unk		J
34. Type/No PI Table O	35. Name (Last, First, Middle)			36. Alias/Nick Name/Maiden Name (Last, First, Middle)			37. Apparent Condition <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis. <input type="checkbox"/> Unk <input type="checkbox"/> Impaired Alco. <input type="checkbox"/> Inj / Ill <input type="checkbox"/> App Norm		K
38. Address (Street No., Street Name, Bldg No. Apt. No. City, State, Zip)					39. Phone No.		40. Social Security No.		L
41. Date of Birth		42. Age	43. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	44. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	45. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk <input type="checkbox"/> Non Hispanic	46. Skin <input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Unk <input type="checkbox"/> Medium <input type="checkbox"/> Other	47. Occupation Table P		M
48. Height Ft In	49. Weight	50. Hair Table Q	51. Eyes Table H	52. Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contacts	53. Build <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Medium	54. Employer/School		55. Address	N
56. Scars / Marks/ Tattoos (Describe)					57. Misc.				

59. Veh. Status Table W		60. License Plate No. <input type="checkbox"/> Full <input type="checkbox"/> Partial		61. State	62. Exp Yr	63. Plate Type	64. Value
65. Veh. Year		66. Make		67. Model	68. Style	69. VIN	
70. Color(s)		71. Towed By: To:				72. Vehicle Notes	

73. SEE ATTACHED SUPPLEMENTARY REPORT FOR DETAILS

74. Inquiries (check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want / Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Criminal History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other		75. NYSPIN Message No.		76. Complainant Signature	
77. Reporting Officer Signature (Include Rank) <i>[Signature]</i>		78. ID No. 215		79. Supervisors Signature (Include Rank)	
80. ID No.		81. Status <input type="checkbox"/> Open <input type="checkbox"/> Closed (if closed, check box below) <input type="checkbox"/> Unfounded <input type="checkbox"/> Vict. Refused To Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> CBI <input type="checkbox"/> Juv. No Custody <input type="checkbox"/> Arrest Juv <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declined <input type="checkbox"/> Unknown		82. Status Date	
83. Notified / TOT		84. Page # Of Pages			

P.C.A §§ 430, 550, 655, 828, 1029

ORI No: NY043023J

Order No: 2006-000525

NYSID No: _____

At a term of the Family Court of the State of New York,
held in and for the County of Rockland, at 1 South Main
St. Suite 300 Floor 3, New City, NY 10956, on July 11,
2006

PRESENT: Honorable William P. Warren

In the Matter of a FAMILY OFFENSE Proceeding

File # 23006

Docket# O-02066-06

James Curley (DOB: 04/26/1964),

Petitioner,

- against -

Linda Curley (DOB: 07/23/1968),

Respondent.

Temporary Order Of Protection

Ex Parte

NOTICE: YOUR FAILURE TO OBEY THIS ORDER MAY SUBJECT YOU TO MANDATORY ARREST AND CRIMINAL PROSECUTION, WHICH MAY RESULT IN YOUR INCARCERATION FOR UP TO SEVEN YEARS FOR CRIMINAL CONTEMPT, AND/OR MAY SUBJECT YOU TO FAMILY COURT PROSECUTION AND INCARCERATION FOR UP TO SIX MONTHS FOR CONTEMPT OF COURT. IF YOU FAIL TO APPEAR IN COURT WHEN YOU ARE REQUIRED TO DO SO, THIS ORDER MAY BE EXTENDED IN YOUR ABSENCE AND CONTINUE IN EFFECT UNTIL YOU APPEAR IN COURT.

A petition under Article 8 of the Family Court Act, having been filed on July 11, 2006 in this Court and good cause having been shown,

Now, therefore, it is hereby ordered that Linda Curley (DOB: 07/23/1968) observe the following conditions of behavior:

- [02] Refrain from assault, stalking, harassment, menacing, reckless endangerment, disorderly conduct, intimidation, threats or any criminal offense against James Curley (DOB: 04/26/1964);

000193

TOWN OF RAMAPO POLICE DEPARTMENT

237 Route 59
Suffern, NY 10901

PROPERTY RECEIPT

CASE NUMBER 06-30714

DATE 7/13/06

TIME 0930

PROPERTY LISTED:

① — 1 SIG SAUER 9mm Semi-Auto Pistol
SERIAL # 5174606

② — 9 Rounds 9mm Ammo

③ — 1 ^{BLACK} LEATHER HOLSTER (GALCO INTERNATIONAL)

THE ABOVE LISTED PROPERTY HAS BEEN SECURED BY THE TOWN OF RAMAPO POLICE DEPARTMENT.

PROPERTY RECEIVED FROM:

[Signature]

NAME/SIGNATURE

DATE

LT. W. GRAVINA Ed. 210

OFFICER'S NAME/SIGNATURE

215
SHIELD #

7/13/06
DATE

=====

**PROPERTY RETURNED TO

I HAVE RECEIVED THE PROPERTY IDENTIFIED ABOVE

SIGNATURE

DATE

TIME

OFFICER'S SIGNATURE

SHIELD #

DATE

**Provide Copies Of This Receipt To Property Owner
TORPD Form 37 (Rev. 12/97)

000194

SECTION 1: 06-30714 7/13/06 GRAVINA 218
CASE NO. DATE SUBMITTED OFFICER SHIELD RECORD #

SECTION 2: NATURE OF SUBMISSION:

PROPERTY IS: RECOVERED EVIDENCE Y OTHER: S/KUSED IN CRIME? YES NO FELONY? YES NO

SECTION 3: PROPERTY DESCRIPTION

TAG #: P CODE: INV CODE: SER #: 5174606
OWNER APPLIED #: CURLEY, JAMES BRAND: SIG SAUER TYPE: P230
MODEL: P230 MISC DESC: 9MM K&H (380 AUTO)

BIKE CODE:

SECTION 4: I

QUANTITY:

LOCATION CODE

CASE #: 2006-00030714
SIG SAUER P230 380 AUTO
LOC/BIN: RTPD/ A2
Date Received: 07/13/2006



0011483

7. Report Day TH	8. Date Mo 7 Day 20 Yr 06	9. Report Time 1130	10. Day	11. Date Mo 5 Day 14 Yr 06	12. Time	13. Day	14. Date Mo Day Yr	15. Time
16. Incident Type Suspicious			17. Business Name			18. Weapon(s)		
19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.) 14 Madison Hill Rd					20. City, State, Zip (C T V) Airmont NY 10982		21. Location Code 4473	
22. No. of Victims 1						24. No. of Suspects		

27. Date of Birth Mo Day Yr		28. Age	29. Sex M F U	30. Race White Black Other Indian Asian Unk.	31. Ethnic Hispanic Unk. Non-Hispanic	32. Handicap Yes No	33. Residence Status Resident Commuter Temp. Res. Foreign Nat. Tourist Student Other Homeless Unk.	
34. Type/No TABLE O		35. Name (Last, First, Middle)			36. Alias/Nickname/Maiden Name (Last, First, Middle)		37. Apparent Condition Impaired Drugs Mental Dis Unk. Impaired Alco Inj / Ill App Norm	
38. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip)					39. Phone No. Home Work		40. Social Security No.	
41. Date of Birth Mo Day Yr		42. Age	43. Sex M F U	44. Race White Black Other Indian Asian Unk.	45. Ethnic Hispanic Unk. Non-Hispanic	46. Skin Light Dark Unk. Medium Other	47. Occupation TABLE P	
48. Height ft. in.		49. Weight	50. Hair TABLE O	51. Eyes TABLE R	52. Glasses Yes Contacts No	53. Build Small Large Medium	54. Employer/School	
55. Address					56. Scars/ Marks/ Tattoos (Describe)			
57. Misc.					58. Address			

59. Vehicle Status TABLE W		60. License Plate No ARL2930		61. State NY	62. Exp. Yr.	63. Plate Type 7/5/07	64. Value V	Total
65. Veh. Yr. 1988		66. Make Pontiac		67. Model Grand Prix		68. Style 4DSD	69. VIN. 1G2WP14W73F264894	
70. Color(s) white		71. Towed By: To:		72. Vehicle Notes				

73. Undersigned responded to above location for an anonymous report of a suspicious car, occupied by a white male, parked in front of 14 Madison Hill Rd. Upon arrival undersigned spoke with Gurley who stated the vehicle belonged to his friend, Holland, who was inside the house. The vehicle was unoccupied upon arrival. Gurley was working in the garage with the garage door open.	
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74. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other		75. NYSPIN Message No.		76. Complainant Signature	
77. Reporting Officer Signature (Include Rank)		78. ID No. 462		79. Supervisor's Signature (Include Rank) Lt. James C. ...	
80. ID No. 212		81. Status <input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> Open <input type="checkbox"/> Closed (if Closed, check box below) <input type="checkbox"/> CBI <input type="checkbox"/> Juv. - No Custody <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Unfounded <input type="checkbox"/> Warrant Advised <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown		82. Status Date Mo 7 Day 20 Yr 06	
83. Notified/TOT		84. Page of 1		Pages	

Agency: Town of Ramapo		ORI: 00404-8200		New York State DOMESTIC INCIDENT REPORT PRINT UPPER CASE		SPRINT No. (NYPD)		Incident Report No.		Pct. of Report		
Case No. 100-1044520		Document No. 11/06/2008		Page 27613		Page 479150						
Date of Report 8 24 06	Time of Report 9 34 AM	Date of Occur 8 24, 06	Time of Occur 9 34 AM	Address of Occurrence 141 MADISON HILL RD, Arimont, NY				Apt. No. 2	Sector 2	Beat		
Compl./Victim's Last Name, First, M.I. Curley Linda J				Address 141 MADISON HILL RD, Arimont, NY				Sex F				
Date of Birth 7 23, 68	Age 38	Home Telephone 845-368-8641	Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	Ethnic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown						+		
Suspect/Other Party Last Name, First, M.I. Curley JAMES				Address 141 MADISON HILL RD, Arimont, NY				Sex M				
Date of Birth 4 26, 64	Age 42	Home Telephone 368-8641	Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	Ethnic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown								
Suspect Relationship to the Complainant/Victim Wife/Husband			Suspect Present? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Offense/Incident Involved: <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input checked="" type="checkbox"/> Viol <input type="checkbox"/> Other		Description (Offenses) HARRASMENT 2ND					
Order of Protection? Violated? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Issuing Court		OP Registry Checked <input type="checkbox"/> YES <input type="checkbox"/> NO		Expir. Date		Complaint Report Prepared? <input type="checkbox"/> YES <input type="checkbox"/> NO		Compl. No.		
Report Received <input type="checkbox"/> Walk-in <input checked="" type="checkbox"/> Radio Run												
Suspect Used/Threatened Weapons? Type: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			Victim Injured? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Describe		Aided No.		Removed to Hospital? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		What Hospital?	
Photos Taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Arrest Made? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Non Arrest Reason <input type="checkbox"/> No Offense Committed <input type="checkbox"/> Not at Scene <input type="checkbox"/> Warrant Requested <input type="checkbox"/> Other		If Arrest Made, Did Perp. Resist? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
Charge(s) (List All) PL 240.26(1) HARRASMENT 2ND, CRIM-CONT 2ND								Arrest No. A-1476				
Family/Household Members Present? If YES, Last Name, First <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Courtney JAMES				Date of Birth 4 7 02		Relationship Daughter						
Domestic Incident Report Receipt Issued? If NO, Reason: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Pending Approval				DV Notice Issued to Victim <input type="checkbox"/> YES <input type="checkbox"/> NO		Date						
Suspect's Actions: <input type="checkbox"/> Biting <input type="checkbox"/> Choking <input type="checkbox"/> Destroying Property <input type="checkbox"/> Forcible Restraint <input checked="" type="checkbox"/> Grabbing <input type="checkbox"/> Hair Pulling <input type="checkbox"/> Homicide <input type="checkbox"/> Injury to Child <input type="checkbox"/> Kicking <input type="checkbox"/> Pulling Phones From Wall <input type="checkbox"/> Punching <input type="checkbox"/> Pushing <input type="checkbox"/> Pushing/Slamming Into Walls <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Slapping <input type="checkbox"/> Threats With Weapon(s) <input type="checkbox"/> Throwing Items <input type="checkbox"/> Using Weapon(s) <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Other:												
Narrative of the Incident: (Include results of investigation and basis for action taken) Mrs Linda Curley INSISTATION with her 2 Children to report She had a Dispute AT her house with her husband JAMES. The dispute was over the children. She wanted to leave with them, but he said They had an important Appointment this Afternoon. As she went to her car, he grabbed her by the upper left Arm and Squeezed. She stated Get your hands off me, to which he replied I don't have my hands on you! Complainant left Scene with the Children and Responded to the Station												
Victim's Statement of Allegations: This morning, I had my 2 children downstairs and began getting them dressed. My husband said they had to hurry because he was taking them to an important appointment. I got Courtney dressed quickly. About an hour later, they hadn't left so I asked Jimmy if he indeed had an appt. and if not I have the day off and planned on spending it with												
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law.				Victim's Signature Linda Curley				Date 8 24, 06				
Other Involved Agency(s)												
Is There Reasonable Cause to Suspect A Child May Be The Victim of Abuse, Neglect or Maltreatment? <input type="checkbox"/> YES <input type="checkbox"/> NO						Any Guns In The House? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Any Guns Seized? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
If Yes, Reporting Officer Must Contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.						Household Member Have a Pistol Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit Setzed? <input type="checkbox"/> YES <input type="checkbox"/> NO				
REFERRALS: <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Licensing Bureau <input type="checkbox"/> Adult Protective Services						Name of Person Notified:						
<input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Other Outside Agency						Date:		Time:		Notified By:		
Reporting Officer's Signature (Include Rank) Sgt [Signature]						Officer I.D. No. 315		Date 8 24, 06		Page of		
Supervisor's Signature (Include Rank)						Date				Pages		

CADA 9-4-06

Agency Ramapo		ORI 100-0044353		New York State DOMESTIC INCIDENT REPORT (PRINT UPPER CASE)		SPRINT No. (NYPD) 11/06/2008		Incident Report No. Page 48 of 58		Pct. of Report	
Date of Report 8/24/06	Time of Report 1036	Date of Occur 8/24/06	Time of Occur 0930	Address of Occurrence 14 Madison Hill Road Monsey NY 10952				Apt. No. 2	Sector 2	Beat	
Compl./Victim's Last Name, First, M.I. Curley, James, Peter				Address 14 Madison Hill Road Monsey NY 10952				Sex M			
Date of Birth 4/26/64	Age 42	Home Telephone 845 368 8641	Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	Ethnic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown							
Suspect/Other Party Last Name, First, M.I. Curley, Linda				Address 14 Madison Hill Road Monsey NY 10952				Sex F			
Date of Birth 7/23/68	Age 38	Home Telephone 845 318 8641	Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	Ethnic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown							
Suspect Relationship to the Complainant/Victim Wife		Suspect Present? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Offense/Incident Involved: <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Viol <input checked="" type="checkbox"/> Other Domestic		Description (Offenses)					
Order of Protection? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Violated? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Issuing Court RC Family Court	OP Registry Checked? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Expir. Date 10/19/06	Complaint Report Prepared? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Compl. No.	Report Received <input type="checkbox"/> Walk-in <input type="checkbox"/> Radio Run				
Suspect Used/Threatened Weapons? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Type:	Victim Injured? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe	Aided No.	Removed to Hospital? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	What Hospital?				
Photos Taken? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Arrest Made? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Non Arrest Reason <input checked="" type="checkbox"/> No Offense Committed <input type="checkbox"/> Not at Scene <input type="checkbox"/> Warrant Requested <input type="checkbox"/> Other				If Arrest Made, Did Perp. Resist? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Charge(s) (List All)						Arrest No.					
Family/Household Members Present? If YES, Last Name, First <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO James Thomas Curley Courtney Lynn Curley						Date of Birth 8/2/05 4/2/02		Relationship Son Daughter			
Domestic Incident Report Receipt Issued? If NO, Reason: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						DV Notice Issued to Victim <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Date			
Suspect's Actions: <input type="checkbox"/> Biting <input type="checkbox"/> Choking <input type="checkbox"/> Destroying Property <input type="checkbox"/> Forceful Restraint <input type="checkbox"/> Grabbing <input type="checkbox"/> Hair Pulling <input type="checkbox"/> Homicide <input type="checkbox"/> Injury to Child <input type="checkbox"/> Kicking <input type="checkbox"/> Pulling Phones From Wall <input type="checkbox"/> Punching <input type="checkbox"/> Pushing <input type="checkbox"/> Pushing/Slamming into Walls <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Slapping <input type="checkbox"/> Threats With Weapon(s) <input type="checkbox"/> Throwing Items <input type="checkbox"/> Using Weapon(s) <input checked="" type="checkbox"/> Verbal Abuse <input type="checkbox"/> Other:											
Narrative of the Incident: (Include results of investigation and basis for action taken) See Supplemental											
Victim's Statement of Allegations: At approx. 9:30 AM I was at home with my children & wife, when my wife demanded the children. I told her we had appointments, we were going to the ymca in Wyckoff and then to the Dentist Dr. Peters in Monsey. My wife was carrying the baby & a couchman when she started screaming stop touching me. I never went near her, and then walked outside carrying Courtney - my wife											
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law.						Victim's Signature [Signature]		Date 8/24/06			
Other involved Agency(s)											
Is There Reasonable Cause to Suspect A Child May Be The Victim of Abuse, Neglect or Maltreatment? <input type="checkbox"/> YES <input type="checkbox"/> NO						Any Guns In The House? <input type="checkbox"/> YES <input type="checkbox"/> NO		Any Guns Seized? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If Yes, Reporting Officer Must Contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.						Household Member Have a Pistol Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit Seized? <input type="checkbox"/> YES <input type="checkbox"/> NO			
REFERRALS: <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Licensing Bureau <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Other Outside Agency						Name of Person Notified:		Date:		Time:	
Reporting Officer's Signature (Include Rank) [Signature]						Officer I.D. No. 475		Date			
Supervisor's Signature (Include Rank) [Signature]						Date 08/24/06				Page of 3	

Agency Ra. Case 708		ORI 100-0045353		New York State DOMESTIC INCIDENT REPORT (PRINT UPPER CASE)		SPRINT No. (NYPD) 11/06/2008		Incident Report No. Page 43 of 303		Pct. of Report		
Date of Report 8/24/06	Time of Report 1036	Date of Occur 8/24/06	Time of Occur 0930	Address of Occurrence 14 Madison Hill Rd. Morrey NY 10952				Apt. No.	Sector 2	Beat		
Compl./Victim's Last Name, First, M.I.				Address						Sex		
Date of Birth	Age	Home Telephone		Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk		Ethnic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown						
Suspect/Other Party Last Name, First, M.I.				Address						Sex		
Date of Birth	Age	Home Telephone		Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk		Ethnic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown						
Suspect Relationship to the Complainant/Victim			Suspect Present? <input type="checkbox"/> YES <input type="checkbox"/> NO		Offense/Incident Involved: <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Viol <input type="checkbox"/> Other			Description (Offenses)				
Order of Protection? Violated? <input type="checkbox"/> YES <input type="checkbox"/> NO		Issuing Court		OP Registry Checked <input type="checkbox"/> YES <input type="checkbox"/> NO		Expir. Date		Complaint Report Prepared? <input type="checkbox"/> YES <input type="checkbox"/> NO		Compl. No. Report Received <input type="checkbox"/> Walk-in <input type="checkbox"/> Radio Run		
Suspect Used/Threatened Weapons? Type: <input type="checkbox"/> YES <input type="checkbox"/> NO			Victim Injured? <input type="checkbox"/> YES <input type="checkbox"/> NO		Describe		Aided No.		Removed to Hospital? <input type="checkbox"/> YES <input type="checkbox"/> NO		What Hospital?	
Photos Taken? <input type="checkbox"/> YES <input type="checkbox"/> NO		Arrest Made? <input type="checkbox"/> YES <input type="checkbox"/> NO		Non Arrest Reason <input type="checkbox"/> No Offense Committed <input type="checkbox"/> Not at Scene <input type="checkbox"/> Warrant Requested <input type="checkbox"/> Other						If Arrest Made, Did Perp. Resist? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Charge(s) (List All)								Arrest No.				
Family/Household Members Present? If YES, Last Name, First <input type="checkbox"/> YES <input type="checkbox"/> NO						Date of Birth		Relationship				
Domestic Incident Report Receipt Issued? If NO, Reason: <input type="checkbox"/> YES <input type="checkbox"/> NO						DV Notice Issued to Victim <input type="checkbox"/> YES <input type="checkbox"/> NO		Date				
Suspect's Actions: <input type="checkbox"/> Biting <input type="checkbox"/> Choking <input type="checkbox"/> Destroying Property <input type="checkbox"/> Forcible Restraint <input type="checkbox"/> Grabbing <input type="checkbox"/> Hair Pulling <input type="checkbox"/> Homicide <input type="checkbox"/> Injury to Child <input type="checkbox"/> Kicking <input type="checkbox"/> Pulling Phones From Wall <input type="checkbox"/> Punching <input type="checkbox"/> Pushing <input type="checkbox"/> Pushing/Shoving Into Walls <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Stepping <input type="checkbox"/> Threats With Weapon(s) <input type="checkbox"/> Throwing Items <input type="checkbox"/> Using Weapon(s) <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Other:												
Narrative of the incident: (Include results of investigation and basis for action taken)												
<p><i>See Supplemental</i></p>												
Victim's Statement of Allegations: <i>Came towards me. put her hand on my shoulder, I told her to put her hand off me, stop touching me. I was backing away which was observed by my neighbor Betty Vanderbeek. I ran for Courtney down and let her go to area car. I asked my wife to take her back by 1 PM for her appointment.</i>												
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law.						Victim's Signature <i>Jan P. C...</i>		Date <i>8/24/06</i>		Other involved Agency(s)		
Is There Reasonable Cause to Suspect A Child May Be The Victim of Abuse, Neglect or Maltreatment? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Reporting Officer Must Contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.						Any Guns In The House? <input type="checkbox"/> YES <input type="checkbox"/> NO Household Member Have a Pistol Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No Permit No. _____ Issuing County _____ Name _____						
REFERRALS: <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Licensing Bureau <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Other Outside Agency						Name of Person Notified: Date: _____ Time: _____ Notified By: _____						
Reporting Officer's Signature (Include Rank) <i>P. Rosen</i>						Officer I.D. No. 475		Date		Page 2 of 3		
Supervisor's Signature (Include Rank) <i>St. M...</i>						Date 8/24/06				Page 3 of 3		

Agency Ramapo 708-cl-00404353		ORI NY		New York State DOMESTIC INCIDENT REPORT (PRINT UPPER CASE)		SPRINT No. (NYPD) 11/06/2008		Incident Report No. Page 30 of 50		Pct. of Report	
Date of Report 8.24.06	Time of Report 1036	Date of Occur 8.24.06	Time of Occur 0930	Address of Occurrence 14 Madison Hill Road Monsey NY 10952				Apt. No.	Sector	Beat	
Compl./Victim's Last Name, First, M.I. Curley, James, Peter				Address 14 Madison Hill Road Monsey NY 10952				Sex M			
Date of Birth	Age	Home Telephone	Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	Ethnic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown							
Suspect/Other Party Last Name, First, M.I. Curley, Linda				Address 14 Madison Hill Road Monsey NY 10952				Sex M			
Date of Birth	Age	Home Telephone	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	Ethnic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown							
Suspect Relationship to the Complainant/Victim			Suspect Present? <input type="checkbox"/> YES <input type="checkbox"/> NO	Offense/Incident Involved: <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Viol <input type="checkbox"/> Other		Description (Offenses)					
Order of Protection? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Violated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Issuing Court	OP Registry Checked <input type="checkbox"/> YES <input type="checkbox"/> NO	Expir. Date	Complaint Report Prepared? <input type="checkbox"/> YES <input type="checkbox"/> NO	Compl. No.	Report Received <input type="checkbox"/> Walk-in <input type="checkbox"/> Radio Run				
Suspect Used/Threatened Weapons? Type: <input type="checkbox"/> YES <input type="checkbox"/> NO			Victim Injured? <input type="checkbox"/> YES <input type="checkbox"/> NO	Describe	Aided No.	Removed to Hospital? <input type="checkbox"/> YES <input type="checkbox"/> NO	What Hospital?				
Photos Taken? <input type="checkbox"/> YES <input type="checkbox"/> NO	Arrest Made? <input type="checkbox"/> YES <input type="checkbox"/> NO	Non Arrest Reason <input type="checkbox"/> No Offense Committed <input type="checkbox"/> Not at Scene <input type="checkbox"/> Warrant Requested <input type="checkbox"/> Other		If Arrest Made, Did Perp. Resist? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Charge(s) (List All)						Arrest No.					
Family/Household Members Present? If YES, Last Name, First <input type="checkbox"/> YES <input type="checkbox"/> NO						Date of Birth		Relationship			
Domestic Incident Report Receipt issued? If NO, Reason: <input type="checkbox"/> YES <input type="checkbox"/> NO						DV Notice issued to Victim <input type="checkbox"/> YES <input type="checkbox"/> NO		Date			
Suspect's Actions: <input type="checkbox"/> Biting <input type="checkbox"/> Choking <input type="checkbox"/> Destroying Property <input type="checkbox"/> Forceful Restraint <input type="checkbox"/> Grabbing <input type="checkbox"/> Hair Pulling <input type="checkbox"/> Homicide <input type="checkbox"/> Injury to Child <input type="checkbox"/> Kicking <input type="checkbox"/> Pulling Phones From Wall <input type="checkbox"/> Punching <input type="checkbox"/> Pushing <input type="checkbox"/> Pushing/Slamming into Walls <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Slapping <input type="checkbox"/> Threats With Weapon(s) <input type="checkbox"/> Throwing Items <input type="checkbox"/> Using Weapon(s) <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Other:											
Narrative of the Incident: (include results of investigation and basis for action taken) See Supplemental Report											
Victim's Statement of Allegations: I went to wave goodbye to the children at the side of the car when my wife pulled the vehicle up and then backed the vehicle towards me, causing me to fall back towards the wooden rails that border the grass.											
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law.						Victim's Signature [Signature]		Date 8.24.06			
Other involved Agency(s)											
Is There Reasonable Cause to Suspect A Child May Be The Victim of Abuse, Neglect or Maltreatment? <input type="checkbox"/> YES <input type="checkbox"/> NO						Any Guns in the House? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Any Guns Seized? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If Yes, Reporting Officer Must Contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.						Household Member Have a Pistol Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Permit Seized? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
REFERRALS: <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Licensing Bureau <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Other Outside Agency						Name of Person Notified:					
Reporting Officer's Signature (Include Rank) [Signature]						Date:		Time:		Notified By:	
Supervisor's Signature (Include Rank) [Signature]						Date 8.24.06		Officer I.D. No. 425		Page 3	